U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT.
E ASZZZZZZ	
1. File Number U - DEOP	2. Fiscal Year Covered From
10441	7/1/2004 Through: 72/3/ /2004
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name Chilles Roomh	Name Tresh Wireld Lockel 843
	Labor Organization File Number 15/1954
P.O. Box, Bldg., Room No., if any 325	P.O. Box, Building and Room Number, if any 325
Street 6.5.5. Pr	Street W. J.J. Drive
City Greensboro	city Geeenskipro
State 1 C ZIP Code + 4 27406	State NC ZIP Code + 4
5. Position in labor organization. TSUSINESS MANDEGE LABOR	1eustes
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Longer mans transfer contribute stocking qualitative transfer contributes and	7.b. Amount.
Street	
City	The state of the s
State Z:P Code + 4	
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed Alba A	on 8-15-05 33677V9856
Signed Carry of the Comment of the C	On 8-75-05 3362749856 Date Telephone Number

Name of Person Filing	File Number U-	
B. Held an Interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or Irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Zerth Naminstrators Trade Name, if any: Transverser Lockel 843 TF P.O. Box, Bldg., Room No., if any 9555 Street Son Houston Pkwy City Houston State Jy ZIP Code + 4 77272	9. Business deals with: a. Labor Organ zation b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Transcorkers Locked SY3 Trustfine Trade Name, if any: P.O. Box, Bidg. Room No., if any 9555 Street U Spm Houston Fluy City Houston State TH ZIP Code + 4 77272	11.a. Nature of such dealing. Administrator 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Trust Fund Mosting, Educiptions Meetings	500,600
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Re ations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street	er parts A and B above)	360.08
State ZIP Code + 4 213.b. Is the Business an Employer 0° Consultant 7	14.b. Amount of paymer t.	

Name of Person Filling Charles Koonte	File Number t	U-
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwoof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	ise dealing with the business by seeking to represent, cr rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name DR 2 Asset Maint	a. Labor Organization	
P.O. Box. Bldg. Room No., if any 175	b. Trust	
P.O. Box, Bldg., Room No., if any 735 Street 737670	c. Employer	
City New York		
State 71 ZIP Code + 4 /0004		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name Iran Workers Loco! 845	Res Intor	•
Trade Name, if any:		İ
P.O. Box, Bidg., Room No., if any 325		
Street CU JS Drive	11.b. Approximate dollar value of such dea	aling. UNKNOWN
city Greensboro	12.a. Nature of interest held or income	
State ZIP Code + 4 27406_	Regonal Meeting	
	12.b. Amount.	1/7.00
C. Received from any employer (other than an employer covered und	er parts A and B above)	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of paymen's	
(including 'rade name, if any).		
Name		
Trade Name, if any:	•	
P.O. Box, Bidçı., Room No., if any		
Street	'	
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filling Chorles Koowle	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	vise dealing with the business ely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Segoll Bryond & Hamill	a. Labor Organization
Trade Name, If any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street South Wacker Dr	
City Chicogo Til.	
State 11 ZIP Code + 4 60606	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Irraworkers Locus 343 Trutfund	Investment Monagen
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street (Som Houston PKL14	11.b. Approximate dollar value of such dealing. 7,000,000
city Houston	12.a. Nature of interes" held or income received.
State 72 ZIP Code + 4 77272	Golf, Dinner
,	
	12.b. Amount. 374.00:
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment.
Name Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., If any	
Street	
City Control of the C	
State ZIP Ccde + 4 (1 a month)	
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment.

Name of Person Filing Charles Hours	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary valus ubstantial part of which consists of buying from, selling or leasing to, or otherwof an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indidealing with your labor organization or with a trust in which your labor organization.	ise dealing with the bus ress ely seeking to represent, or rectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9, Business deals with:	
Name UKEDGG Copitol Mgint	a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any 2920	c. Employer	
Street ON6 FIRST Union CTNR		
City Chorlotte nc		
State 11 C ZIP Ccde +4 Z920Z		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such cealing.	
Name I Ponworkers Local 843 Teust Fund	. Investment Monnger	
Trade Name, if any:	1	
P.O. Box, Bldg., Room No., if any		
Street W Som Houston PKWY	11.b. Approximate dollar value of such dealing.	3,000,000
city Houston	12.a. Nature of interest held or income received	d
	Golf, Diriner, Golf	Supplies
	Colf, Diriner, Colf 12.b. Amount. 12.b. A and B above)	Supplies
State Ty ZIP Code + 4 77272	Colf, Diriner, Colf 12.b. Amount. 12.b. A and B above)	Supplies
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